

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001469

**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**4652516077CC**

**Entity Name:** COMPLETE PAYMENT RECOVERY SERVICES, INC.

**Current Principal Place of Business:**

11601 ROOSEVELT BVLD., N.  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

11601 ROOSEVELT BVLD., N.  
ST. PETERSBURG, FL 33716 US

**FEI Number: 58-2595258**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           AKINS, BARBARA H.  
Address        11601 ROOSEVELT BVLD., N.  
City-State-Zip: ST. PETERSBURG FL 33716

Title           DIRECTOR, PRESIDENT  
Name           CLARK, GEMEL  
Address        11601 ROOSEVELT BVLD., N.  
City-State-Zip: ST. PETERSBURG FL 33716

Title           VP, SECRETARY, TREASURER  
Name           FISHER, RACHELLE  
Address        11601 ROOSEVELT BVLD., N.  
City-State-Zip: ST. PETERSBURG FL 33716

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RACHELLE FISHER**

**SECRETARY**

**03/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date